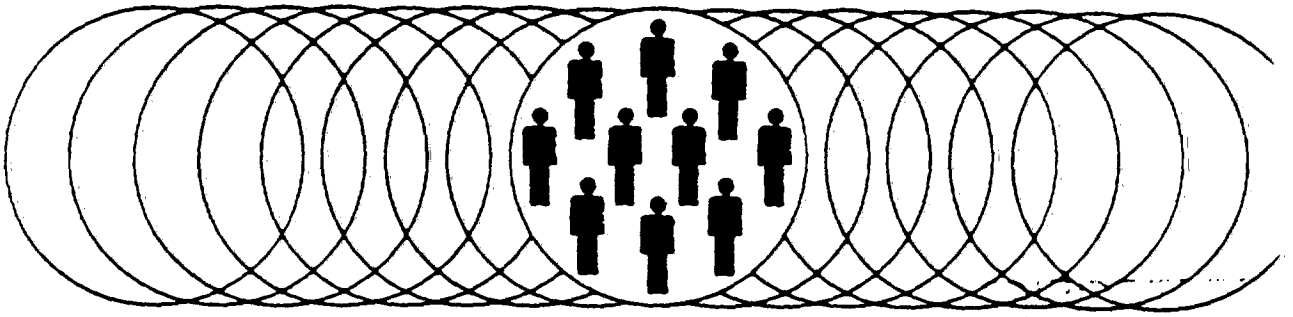
CVD EPIDEMIOLOGY NEWSLETTER



COUNCIL ON EPIDEMIOLOGY

American Heart Association

Number 43
Winter 1988

Milton Z. Nichaman, M.D., Sc.D.
Editor

Ten-Day International Teaching Seminar on Cardiovascular Disease Epidemiology and Prevention
Report 1

Fourteenth Ten-Day Seminar on the Epidemiology and Prevention of Cardiovascular Diseases
Announcement 3

2nd International Conference on Preventive Cardiology and the Annual Meeting of the AHA Council on Epidemiology
Announcement 4

1988 Council for High Blood Pressure Research Fall Scientific Sessions
Announcement 5

Cardiovascular Behavioral Medicine, Epidemiology, and Biostatistics Research Training Session
Announcement 6
Program 7
Submitted Abstracts 9

28th Annual Conference on Cardiovascular Disease Epidemiology
Submitted Abstracts 13
Index of Correspondents 51

AHA Council on Epidemiology Membership Application 61

2023511822

Source: https://www.industrydocuments.ucsf.edu/docs/nkpx0000

Abstracts Submitted for the 28th Conference on Cardiovascular Disease Epidemiology

Santa Fe, New Mexico March 17-19, 1987

Abstracts of all papers submitted to the Program Committee of the Council on Epidemiology for the 28th Annual Conference on Cardiovascular Disease Epidemiology are reprinted below in the order they were received, except for those deleted at the request of the author. For additional information about any of the abstracts see the index of author correspondents immediately following the last abstract.

1

DOES LOWERING OF CHOLESTEROL WITH CHOLESTYRAMINE DECREASE THE INCIDENCE OF HYPERTENSION IN HYPERCHOLESTEROLEMIC MEN? THE LRC CORONARY PRIMARY PREVENTION TRIAL (CPPT)

Lars G. Ekelund, RP McMahon, PS Whaley, EH Corder, CL Rubenstein, The University of North Carolina at Chapel Hill, NC.

Hypertension (HTP) is often associated with high cholesterol levels. We studied 2595 normotensive men [systolic pressure (SBP)≤140 and diastolic pressure (DBP)≤90 mmHg] in the CPPT to determine if lowering LDL-C decreases the risk of HTP (SBP>140 or DBP>90 or BP medication). Baseline examinations included a treadmill test and assessment of risk factors and were repeated annually. The incidence of HTP after 5 years of follow-up was 12.3% (159/1297) in the placebo group compared to 9.2% (119/1298) in the cholestyramine group. This difference was significant, p=0.003, testing with a logistic regression model including standard HTP risk factors as covariates. Further analyses revealed that decrease in LDL-C was the factor explaining the treatment effect. The relative risk of HTP (RR-HTP) was significantly (p=0.01) associated with the reduction in LDL-C controlling for covariates. A 40 mg/dl and a 80 mg/dl decrease in LDL-C corresponded to a RR-HTP of 0.71 and 0.51 respectively. We conclude that cholestyramine induced lowering of LDL-C is associated with a decrease in the risk of HTP, raising the possibility of LDL-C being a modifiable risk factor for hypertension.

4

THE 19-YEAR DECLINE OF CORONARY HEART DISEASE AND STROKE IN THE HONOLULU HEART PROGRAM

Dwayne Reed and Charles MacLean.
Honolulu Heart Program, Honolulu, HI

Since 1966, the Honolulu Heart Program has monitored the incidence and mortality rates for coronary heart disease (CHD), and stroke among a cohort of 8006 men of Japanese ancestry living in Hawaii. During 19 years of follow-up there were 702 cases of total definite CHD of which 458 were fatal, and 443 cases of stroke of which 193 were fatal. There was a 18% decrease in age-adjusted CHD mortality rate and a 20% decrease in the incidence of definite CHD. The decrease in mortality rates was less than that for US white males, and was not statistically significant. During the same time period, there was a 64% decrease in stroke mortality rates and a 65% decrease in the incidence of total stroke. The decrease in mortality rates was greater than that for US white males and was statistically significant. The mortality rates of these vascular diseases appear to reflect the changes in total incidence for this cohort.

2023511823

Source: https://www.industrydocuments.ucsf.edu/docs/nkpx0000

CVD Epidemiology Newsletter Number 4.
Winter, 1988, p. 29

PASSIVE SMOKING AND MYOCARDIAL INFARCTION IN WOMEN. 83
Julie R. Palmer, Lynn Rosenberg, Samuel Shapiro. Slone Epidemiology Unit, Brookline, MA

In a hospital-based case-control study of past oral contraceptive use and myocardial infarction (MI) in women aged 20 to 64, information is being obtained on the smoking habits of subjects' husbands in order to evaluate the effect of passive exposure to sidestream cigarette smoke on risk of MI. We conducted an interim analysis of data from 336 married cases and 799 married controls. With a reference category of nonsmoking women married to nonsmoking men, the relative risk estimate for nonsmoking women whose husbands smoked was 1.2; for women who smoked less than 25 cigarettes per day the estimates were 2.9 (nonsmoking husbands) and 3.9 (husbands smoked); and for women who were heavy smokers, the estimates were 6.3 and 8.3, respectively. The observed trend was not accounted for by the known risk factors for MI. These results, which lend support to the hypothesis that exposure to spouses' smoking increases the risk of MI, are unlikely to be explained by selection or information bias.

ORAL CONTRACEPTIVE USE AND MYOCARDIAL INFARCTION. 84
Lynn Rosenberg, Julie R. Palmer, Samuel Shapiro, Slone Epidemiology Unit. Brookline, MA

A case-control study is being conducted primarily to assess whether the long-term use of oral contraceptives (OCs), after discontinuation, increases the risk of myocardial infarction (MI). In an interim analysis of data from 675 women under age 65 with first MIs and 1274 control women of similar ages, the estimated relative risks of MI for women who had used OCs for 1-4, 5-9, and 10+ years were 1.2 (95% confidence interval 0.8-1.7), 1.2 (0.8-1.9) and 1.3 (0.7-2.4), respectively. These results do not confirm a previous finding of a doubling in risk among women who had used the older OCs for at least 5 years; possibly the newer lower-dose OCs have less adverse effects on serum lipids and other cardiovascular risk factors than the older pills. For current OC users, the relative risk estimate was 2.6 (1.0-7.1); although this point estimate is compatible with the 4-fold increase in risk associated with the older pills, it is also compatible with a smaller increase, or with no increase at all.

NOTICE
This material may be protected by copyright law (Title 17 U.S. Code).

INTERCORRELATIONS OF LIPOPROTEINS AND LOW DENSITY LIPOPROTEIN (LDL) SUBCLASS PATTERNS IN RELATION TO RISK OF MYOCARDIAL INFARCTION. 86
Melissa A Austin, Charles H Hennekens, Jan L Breslow, Julie E Buring, Walter C Willett, Karen M Vranizan, Ronald M Krauss. Univ. of Calif., Berkeley, CA

In 230 subjects from the Boston Area Health Study, a case-control study of myocardial infarction (MI) survivors, we have shown that a predominance of small, dense LDL particles (LDL subclass pattern B by gradient gel electrophoresis) is associated with increased risk of MI with an odds ratio (OR) of 3.0 (95% CI 1.7-5.3), independent of age, sex, relative weight, LDL-cholesterol and intermediate density lipoprotein mass (IDL). Adjustment for high density lipoprotein cholesterol (HDL-C) and triglyceride (TG) reduced the OR to 2.2 (95% CI 1.2-4.1) and 1.6 (95% CI 0.8-3.2), respectively. Because of collinearity in these models, intercorrelations of lipoproteins and pattern B were investigated. HDL-C, IDL and TG were all found to be independently related to LDL subclass pattern B, after adjustment for age, sex, relative weight, and case-control status. Biological mechanisms may simultaneously influence multiple lipoprotein variables, including LDL subclass patterns, and result in increased risk of MI.

EXERTIONAL CHEST PAIN AND RISK OF FATAL AND NON-FATAL CORONARY HEART DISEASE IN THREE OLDER POPULATIONS 87
Andrea Z. LaCroix, Jack M. Guralnik, Charles H. Hennekens, Robert B. Wallace, Adrian M. Ostfeld, J. David Curb. National Institute on Aging, Bethesda, MD

Among older people, the prognostic significance of self-reported chest pain for future myocardial infarction (MI) and coronary heart disease (CHD) death is unknown. Cohorts aged 65 and older in three communities (East Boston, MA; New Haven, CT; rural Iowa) without history of heart attack (3067 men, 5291 women) were followed for 3 years for CHD death and annually (self or proxy) reported hospitalization for MI. At baseline, chest pain on exertion was found in 6-7% of men (79/1195; 53/936; 54/936) and 6-10% of women (197/2046; 131/1435; 115/1811) in each community, respectively. Fatal and non-fatal CHD events occurred in a total of 213 men and 250 women. In East Boston and Iowa, exertional chest pain was significantly associated with risk of fatal and non-fatal CHD events combined in both men and women. Age-adjusted risk ratios for women ranged from 2.0 (95% confidence interval (CI) 1.2-3.5) in East Boston to 5.1 (95% CI 2.8-9.4) in Iowa, with men's risk ratios intermediate in these cohorts. In New Haven, the association was positive in both sexes but weaker and non-significant. These findings suggest that exertional chest pain reported by older people without previous heart attack can be an important indicator of future CHD events.

2023511824

Source: https://www.industrydocuments.ucsf.edu/docs/nkpx0000